# Rules of Department of Insurance

## Division 200—Financial Examination Chapter 5—Articles and Bylaws of Domestic Insurers

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### Title 20—DEPARTMENT OF INSURANCE

Division 200—Financial Examination Chapter 5—Articles and Bylaws of Domestic Insurers

20 CSR 200-5.010 Amendment and Restatement of Articles

PURPOSE: This rule prescribes forms and procedures to be followed in amending and restating articles of incorporation or association of insurance companies organized or incorporated under the laws of Missouri, pursuant to sections 375.201—375.226, RSMo.

#### (1) Forms.

- (A) FORM5.DOC shall be the form used by any insurance company organized or incorporated under the laws of this state to amend its articles of incorporation or association, if that company is subject to sections 375.201—375.221, RSMo.
- (B) FORM7.DOC shall be the form used by any insurance company organized or incorporated under the laws of this state to restate its articles of incorporation or association, if that company is subject to section 375.226, RSMo
- (C) Any insurance company organized or incorporated under the laws of this state and subject to sections 375.201—375.226, RSMo which amends and restates its articles of incorporation or association shall first amend its articles using FORM5.DOC and then restate its articles as amended using FORM7.DOC.
- (D) Copies of FORM5.DOC and FORM-7.DOC may be obtained from the Admissions Specialist, Financial Examination Section. Copies may be freely duplicated. Appendices 1 and 2, as they appear in this rule, are representative of FORM5.DOC and FORM7.DOC, respectively, but are not in a form suitable for filing.

#### (2) Procedures.

- (A) The procedure for amending the articles of incorporation or association of an insurance company organized or incorporated under the laws of this state is stated in sections 375.201—375.221, RSMo.
- (B) The procedure for restating the articles of incorporation or association of an insurance company organized or incorporated under the laws of this state is stated in section 375.226, RSMo.

Auth: section 374.045.1(2), RSMo (1986).\* This rule was previously filed as 4 CSR 190-11.330. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991.

Amended: Filed Jan. 8, 1991, effective June 10, 1991.

\*Original authority 1967.

#### APPENDIX 1 Certificate of Amendment of Articles

(to be executed in triplicate)

| We, the undersigned president or vice-president statements. | nt and secretary or assista | nt secretary on our oaths swear and certify to the truth of the following  |
|---|-----------------------------|--|
| (1) Name of the Insurance Company:                          |                             |  |
| If the Name of the Insurance Company Chan<br>Amendment was: | ged as a Result of this Am  | endment, the Name of the Insurance Company Immediately Before this   |
| (2) The Date of the Adoption of the Amendme                 | nt by the Shareholders, Me  | embers or Other Group of Persons Entitled to Vote on the Amendment:  |
| (3) The Amendment Adopted (attach addition                  | al pages if necessary):     |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   | Number or Par Value of A    | ed for and Against said Amendment Respectively: For: Against: authorized Shares, Then a Statement Showing the Number of Shares and (President or Vice President) |
| (If no corporate seal, state "none".)                       |                             |  |
|   |                             | (Secretary or Assistant Secretary)   |
| State of  | <br>ss                      |  |
| County of   |                             |  |
| Subscribed and sworn to before me this                      | day of                      | , 19   |
|   |                             |  |
| NOTARIAL SEAL   |                             | NOTARY PUBLIC  |
|   |                             | My commission expires  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |



#### Certificate of Amendment of the Director of Insurance

(This certificate may be filled out only by the Director of Insurance)

I certify that I have examined the above Certificate of Amendment of Articles as executed by the insurance company and find that it conforms to law, that the proceedings were regular, that the condition and the assets of the company justify the amendment, and that the same will not be prejudicial to the interests of the policyholders, all as provided by law.

| prejudicial to the interests of the policyholders, all as provided by law. |  |  |
|--|--|--|
| So Certified, Signed, and Official Seal Affixed on this date:              |  |  |
|  |  |  |
|  | Director of Insurance<br>State of Missouri |  |



## APPENDIX 2 Certificate of Restated Articles (to be executed in triplicate)

| we, the undersigned president or vice-president statements.  | lent and secretary or assi                             | stant secretary on our oaths swear and certify to the truth of the followin  |
|--|--|--|
| (1) Name of the Insurance Company:   |  |  |
| (2) The Date of the Restatement of Articles b  | by the Shareholders, Mem                               | bers or Other Group of Persons Entitled to Vote on the Restatement:  |
| (3) The Restated Articles Adopted are Attack   | ned to this Certificate.                               |  |
| (4) The Number of Shares, Members or Other or by Proxy Entitled to Vote:   | Group of Persons Entitle                               | d to Vote or, if a Mutual, the Number of the Members Present Either in Person  |
| (5) The Number of Shares, Members or Othe  | r Group of Persons that V                              | Voted for and Against said Restatement Respectively: For: Against:   |
| PLACE CORPORATE SEAL HERE (If no corporate seal, state "none".)  |  | (President or Vice President)  |
|  |  | (Secretary or Assistant Secretary)   |
| State of   |  |  |
| County of  | SS   |  |
|  |  | , 19   |
| NOTARIAL SEAL  |  | NOTARY PUBLIC  |
|  |  | My commission expires  |
| (This o  | Certificate of Amendmer<br>certificate may be filled o | nt of the Director of Insurance<br>ut only by the Director of Insurance)   |
| I certify that I have examined the above Ce<br>that the proceedings were regular, that the co<br>to the interests of the policyholders, all as pro | ndition and the assets of t                            | cles as executed by the insurance company and find that it conforms to law<br>he company justify the restatement, and that the same will not be prejudicia |
| So Certified, Signed and Official Seal Affixed   | l on this date:  |  |
|  |  |  |
| FORM7.DOC  |  | Director of Insurance<br>State of Missouri   |
|  |  |  |